

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **American Energy Alliance**

(b) Address (number and street) check if different than previously reported
 1100 H Street NW
 Suite 400

(c) City, State and ZIP Code
 Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001176

3. Is This Statement

New
 or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
 through
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2012

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012

(b) Communication Title Stand With Coal

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
 Pyle Thomas

(b) Address (number and street)
 1100 H Street NW
 Suite 400

(c) City, State and ZIP Code
 Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation
 American Energy Alliance President

9. Total Donations This Statement

_____, _____, _____ .00

10. Total Disbursements/Obligations This Statement

_____, _____, 214000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Thomas Pyle

SIGNATURE Thomas Pyle

[Electronically Filed] DATE 11/01/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Thomas Pyle			
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	President
B. (a) Name		Transaction ID : F91.000002	
Wayne Galsle			
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Self-Employed
C. (a) Name		Transaction ID : F91.000003	
Jim Clarkson			
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Self-Employed
D. (a) Name		Transaction ID : F91.000004	
John Peterson			
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Retired Member of Congress
E. (a) Name		Transaction ID : F91.000005	
Scott Beaulier			
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Professor

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.</p> <p>Mailing Address of Payee 600 Fairmont Avenue Suite 306</p> <p>City State Zip Code Towson MD 21286</p> <p>Name of Employer Occupation Mentzer Media Services, Inc.</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) TV Ad Buy - Stand With Coal</p>	<p>Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/></p> <p>Amount <input type="text" value="214000.00"/></p> <p>Communication Date <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/></p> <p>Transaction ID : F93.000001</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>DC</u> Barack Obama <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000002</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p><input type="text" value="214000.00"/></p> <p><input type="text" value="214000.00"/></p>